

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

1387731

☐ Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp

City Clerk's Office

AUG 05 2016

RECEIVED

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

VOLTAIRE MONTEMAYOR FOR MILPITAS CITY MAYOR 2016

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA

95035

4089469364

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SANTA CLARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JOSEPH VOLTAIRE U. MONTEMAYOR JR.

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA

95035

4089469364

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

VOLTAIRE S. MONTEMAYOR

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS, CA

95035

4089469364

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-13-16

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-13-16

DATE

By

Voltaire S. Montemayor

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

VOLTAIRE MONTENAYOR FOR MILPITAS CITY MAYOR 2016

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Wells Fargo Bank, N.A.

AREA CODE/PHONE

408-586-7682

ADDRESS

9 S. Milpitas Blvd., Milpitas, CA. 95035

CITY

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

VOLTAIRE S. MONTENAYOR

CITY
MAYOR

☐ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

☐☐

SUPPORT

OPPOSE

☐☐